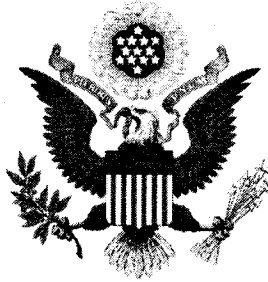


**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF OHIO  
U.S. Probation Office**

**John S. Dierna**  
Chief U.S. Probation Officer

110 Potter Stewart U.S. Courthouse  
100 East Fifth Street  
Cincinnati, Ohio 45202-3980  
Phone: 513-564-7575  
Fax: 513-564-7587

Reply to: Columbus Office



Joseph P. Kinneary U.S. Courthouse  
85 Marconi Boulevard, Room 546  
Columbus, Ohio 43215-2398  
Phone: 614-719-3100  
Fax: 614-719-3101

702 Federal Building  
200 West Second Street  
Dayton, Ohio 45402-1411  
Phone: 937-512-1450  
Fax: 937-512-1453

**January 7, 2015**

The Honorable Algenon L. Marbley  
United States District Judge  
Joseph P. Kinneary Courthouse  
85 Marconi Boulevard  
Columbus, Ohio 43215

**Re: JORDAN M. JACKSON**  
**Docket No. CR-2-14-45**  
**NOTIFICATION OF DEATH**

Dear Judge Marbley:

On August 8, 2014, the above offender was sentenced by Your Honor after being convicted of Selling, Transferring, and Delivering Counterfeit Obligation of the United States, in violation of 18 U.S.C. §473. He was sentenced to a term of 3 months time served to be followed by 36 months supervised release. Mr. Jackson commenced his term of supervised release on August 8, 2014.

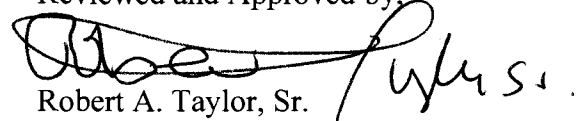
On November 2, 2014, Mr. Jackson's mother reported that her son died of a suspected overdose on heroin. The attached death certificate lists the cause of death as still pending. Mr. Jackson was laid to rest on November 7, 2014.

It is respectfully requested that all interest in supervising the offender be hereby terminated. If you have any questions, please contact the undersigned officer at (614) 719-3124.

Respectfully Submitted by,

  
Sharita J. Hill  
United States Probation Officer

Reviewed and Approved by,

  
Robert A. Taylor, Sr.  
Supervising, U.S. Probation Officer

Jackson  
Page 2



The Court concurs with the Probation Office's recommendation.

Other

A handwritten signature in black ink is written over a horizontal line.

Signature

Jan 7, 2015

Date

Reg. Dist. No. 25  
Primary Reg. Dist. No. 2501  
Registrar's No. 2014010465

Ohio Department of Health  
VITAL STATISTICS  
CERTIFICATE OF DEATH

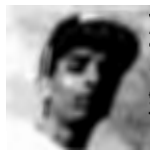
State File No. 2014096276

1. Decedent's Legal Name (Include AKA's if any) (First, Middle, LAST, suffix) JORDAN MAURICE JACKSON						2. Sex Male		3. Date of Death (Mo/Day/Year) November 02, 2014	
4. Social Security Number 295-94-6861		5a. Age (Years) 22	5b. Under 1 Year Months	5c. Under 1 day Hours	5d. Under 1 day Minutes	6. Date of Birth (Mo/Day/Year) March 05, 1992		7. Birthplace (City and State or Foreign Country) COLUMBUS, OHIO	
8a. Residence State OHIO		8b. County FRANKLIN				8c. City or Town COLUMBUS			
8d. Street and Number 5880 Riverton Road						8e. Apt. No.	8f. Zipcode 43232	8g. Inside City Limits? Yes	
9. Ever in US Armed Forces? No		10. Marital Status at Time of Death Never Married				11. Surviving Spouse's Name (If wife, give name prior to first marriage)			
12. Decedent's Education HIGH SCHOOL GRADUATE OR GED		13. Decedent of Hispanic Origin No				14. Decedent's Race Black			
15. Father's Name SCOTT T JACKSON						16. Mother's Name (prior to first marriage) CHARLOTTE THIERRY			
17a. Informant's Name CHARLOTTE JACKSON						17b. Relationship to Decedent Mother		17c. Mailing Address (Street and Number, City, State, Zip Code) 5880 Riverton Road COLUMBUS, OHIO 43232	
18a. Place of Death Hospital - Emergency Room / Outpatient						18b. Facility Name (If not institution, give street & number) MOUNT CARMEL EAST HOSPITAL			
18c. City or Town, State and Zip Code COLUMBUS, OH 43213						18d. County of Death FRANKLIN			
19. Signature of Funeral Service Licensee or Other Agent <i>[Signature]</i>						20. License Number (of licensee) 008886		21. Name and Complete Address of Funeral Facility SMOOT FUNERAL SERVICES, LLC 1166 PARSONS AVE COLUMBUS, OH 43206	
22a. Method of Disposition Burial						22b. Date of Disposition November 07, 2014		22c. Location / City/Town and State COLUMBUS, OH	
22d. Place of Disposition (Name of Cemetery, Crematory, or other place) Evergreen Cemetery						22e. Location / City/Town and State COLUMBUS, OH 43206			
23. Registrar's Signature <i>[Signature]</i>						24. Date Filed DEC 01 2014			
25a. Name of Person Issuing Burial Permit TAYLOR, SANDRA						25b. District No. 2500		25c. Date Burial Permit Issued November 7, 2014	
26a. Certifier (Check only one) <input checked="" type="checkbox"/> Certifying Physician I certify that, to the best of my knowledge, death occurred as a result of the cause(s) and manner stated. <input type="checkbox"/> Coroner I certify that, to the best of my knowledge, death occurred as a result of the cause(s) and manner stated.						26b. Time of Death 0024			
26c. Signature and Title of Certifier <i>[Signature]</i>						26d. License number 35.083104		26e. Date Signed 11-24-2014	
27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death ORTIZ, ANAHI M, MD, Coroner, 520 KING AVENUE COLUMBUS, OH 43201									
28. Part I. Enter the disease, injuries, or conditions that caused the death. Do not specify the mode of death, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.									
Immediate Cause (Final disease or condition resulting in death)		a. Pending							
Sequentially list conditions, if any, leading to immediate cause.		b. Due to (or as Consequence of)							
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)		c. Due to (or as Consequence of)							
		d. Due to (or as Consequence of)							
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.									
29a. Was An Autopsy Performed? Yes						29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? No			
30. Did Tobacco Use Contribute to Death? Unknown		31. If Female, Pregnancy Status NOT APPLICABLE.				32. Manner of Death Pending Investigation			
33a. Date of Injury (Mo/Day/Year)		33b. Time of Injury		33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)				33d. Injury at Work?	
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)									
33f. Describe How Injury Occurred:						33g. If Transportation Injury, Specify:			

MFA 7724 Rev. 01/07

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**Jordan Maurice Jackson**



Jackson Jordan Maurice Jackson born on March 5, 1992, unexpectedly passed away on November 1, 2014. He is survived by his parents, Charlotte "Pepsi" Jackson and Scott Jackson Sr.; three children, Sakiyah Ward, Jordan and Josiah Jackson; his fianc , Teaira Ward; grandfather, John Sr.; and grandmother, Marjorie; brothers, Scott "Chachi", Kenyon, Everett and Caleb; sisters, Sheya, Asia and Tyrah "T.J."; a host of aunts, uncles and cousins. The family will receive friends on Friday, November 7th at New Birth Christian Ministries, 3475 Refugee Road at 11 a.m.

**Published in The Columbus Dispatch on Nov. 6, 2014**

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